NOTICE OF FILING/CLAIM FEE(S) DUE

TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: _09/211715_

Total Fee Calculation

	Fee Code Sm./Lg.	Total # Claims	Number Extra	X	Fee Sm. Entity	Fee Lg. Entity =	Total
Basic Filing Fee	201/101						760
Total Claims >20	203/103	26	-20 = ___	X	___	___	108
Independent Claims >3	202/102	13	-3 = ___	X	___	___	780
Mult. Dep Claim Present	204/104						
Surcharge	205/105				___	___	
English Translation	139				___	___	130

TOTAL FEE CALCULATION

1778

Fees due upon filing the application:

Total Filing Fees Due = $ ___1778___

Less Filing Fees Submitted - $ ___0___

BALANCE DUE = $ ___1778___

___
Office of Initial Patent Examination

PATENT APPLICATION FEE DETERMINATION RECORD
Effective November 10, 1998

CLAIMS AS FILED - PART I

FOR	NUMBER FILED (Column 1)		NUMBER EXTRA (Column 2)
BASIC FEE			
TOTAL CLAIMS	2 4	minus 20= *	6
INDEPENDENT CLAIMS	13	minus 3 = *	10
MULTIPLE DEPENDENT CLAIM PRESENT			

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

	RATE	FEE		RATE	FEE
BASIC FEE		380.00	OR		760.00
TOTAL CLAIMS	X$ 9=		OR	X$18=	108
INDEPENDENT CLAIMS	X39=		OR	X78=	780
MULTIPLE DEP	+130=		OR	+260=	
	TOTAL		OR	TOTAL	1648

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY OR OTHER THAN SMALL ENTITY

	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total	X$ 9=		OR	X$18=	
Independent	X39=		OR	X78=	
	+130=		OR	+260=	
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total	X$ 9=		OR	X$18=	
Independent	X39=		OR	X78=	
	+130=		OR	+260=	
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total	X$ 9=		OR	X$18=	
Independent	X39=		OR	X78=	
	+130=		OR	+260=	
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
   The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.